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Faculty of Nursing

Fourth year Final Exam- Second Semester

Course title: Psychiatric and Mental Health Nursing

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Time allowed: 3 hours

Parts	Questions	Marks
Part (1)	Multiple-choice questions	20
Part (2)	True and false	10
Part (3)	Fill in the blanks (1)	5
	Fill in the blanks (2)	21
Part (4)	Definitions	9
Part(5)	Situation (1)	5
	Situation (2)	10
	Total	80

**Part 1: Multiple-choice the following circle the best answer:
(20 Marks)**

Use the following story to answer questions (1, 2 and-3).

Ali and Sally have been dating for two years. Sally breaks up with Ali because he cheated on her with Mona. Sally tells her friend Samar about Ali, but she tells her without showing any emotion. Ali continues to call Sally and treat her as he did when they were going out. Mona, who did not know about Sally, tells Ali that she is glad that he feels guilty for hurting Sally. She also tells him that it will take a long time to get over the guilt.

1. Sally is using _____ as a defense mechanism.

- a. Repression
- b. Denial
- c. Projection
- d. Isolation**

2. Ali is using _____ as a defense mechanism.

- a. Repression
- b. Denial**
- c. Projection
- d. Isolation

3. Mona is using _____ as a defense mechanism.

- a. Repression
- b. Denial
- c. Projection**
- d. Isolation

4- Which patient would the nurse expect to prepare for ECT?

- a. A female patient with dysthymic disorder.
- b. An elderly male with major depressive disorder and a history of stroke.
- c. A female patient with depression and hypomania due to acyclothymic disorder.
- d. A middle- age, female patients with major depression and an immediate risk of suicide. .**

5- According to Sigmund Freud, the Superego:

- a. Is the source of psychic motivation, such as sex and aggression?
- b. Is developed in the anal stage.
- c. Represents rationality and reality.
- d. Is responsible for gender identity and sexual orientation.**

6- The overall goal of psychiatric rehabilitation is for the client to gain:

- a. Control of symptoms
- b. Freedom from hospitalization.
- c. Management of anxiety.
- d. Recovery from the illness.**

7- When assessing a patient with schizophrenia, the nurse notes negative symptoms, which findings would the nurse most likely document? Select all that apply:

- 1. Apathy.
- 2. Delusions.
- 3. Hallucinations.
- 4. Lack of motivation.
- 5. Blunted affect.
- 6. Bizarre behavior.

Choose the best answer

- a. 1, 2 and 3.
- b. 4, 5 and 6.
- c. 2, 3 and 4.
- d. 1, 4 and 5.**

8- When communication with a child, which approach would be most effective? Select all that apply:

- 1. Use simple language to ascertain the problem.
- 2. Ask questions indirectly to obtain specific information.
- 3. Talk about reality, focusing on the present.
- 4. Avoid using body language to reinforce ideas.
- 5. Speak quietly but firmly when reinforcing behavioral limits.

Choose the best answer

- a. 1, 2 and 3.
- b. 2, 3 and 4.
- c. 1, 4 and 5.
- d. 1, 3 and 5.**

9- Which signs and symptoms would the nurse expect to assess in a patients with Generalized Anxiety Disorder? Select all that apply:

1. Depersonalization.
2. Fear of dying.
3. Poor concentration.
4. Shortness of breath.
5. Heightened problem solving.
6. Realistic assessment of the situation.

Choose the best answer

- a. 1, 2 and 3.
- b. 2, 3 and 4.**
- c. 4, 5 and 6.
- d. 2, 3 and 5.

10-The following are advantages of successful communication except:

- a. Persons` rights are respected.
- b. Accepted from others.**
- c. Protect the speaker from being exploited.
- d. The speaker can safely express thoughts and feelings.

11- Which of the following are examples of a therapeutic communication response?

- a. "don` t worry –everybody has bad day occasionally."
- b. let's talk about something else."
- c. "tells me more about your discharge plans".
- d. what might you do the next time you `r feeling angry?

- a. 1, 2 b. 2, 3 c. 3, 4 **d. 2, 4**

12- Attempts to reduce the severity of a mental disorder and its associated disability through rehabilitative activities. In which stage of the following?

- a. Primary prevention
- b. Secondary prevention
- c. Tertiary prevention**
- d. Inpatient-services

13- The nurse would assess for which of the following characteristics in a client with narcissistic personality disorder?

a. Entitlement

- b. Fear of abandonment
- c. Hypersensitivity
- d. Suspiciousness

14- Mr Ahmed has painful backaches. He should submit to surgery that he dreads or should continue to live with the back pain which of the following type of conflict:-

a. Avoidance- avoidance conflict.

- b. Double approach conflict.
- c. Approach- avoidance conflict.
- d. All of the above

15- A client says to the nurse, " you are the best nurse I've ever met. I want you to remember me." what is an appropriate response by the nurse?

- a. "Thank you. I think you are special too."
- b. "I suspect you want something from me. What is it?"
- c. "You probably say that to all your nurses."

d. Are you thinking of suicide?"

16- The nurse observes that a client with bipolar disorder is pacing in the hall, talking loudly and rapidly, and using elaborate hand gestures. The nurse concludes that the client is demonstrating which of the following?

- a. Aggression
- b. Anger
- c. Anxiety

d. Psychomotor agitation

17- Effective treatments for dysthymic disorder include all of the following except:-

- a. Selective serotonin reuptake inhibitors (SSRIs).
- b. Monoamine oxidase inhibitors (MAOIs).
- c. Cognitive therapy.

d. Electro-convulsive therapy.

18- Which individual is demonstrating the highest level of resilience? One who:

- a. Is able to repress stressors.
- b. Becomes depressed after the death of a spouse.
- c. Lives in a shelter for two years after the home is destroyed by fire.
- d. Takes a temporary job to maintain financial stability after loss of a permanent job.**

19- Milieu therapy is suitable for patients with:-

- a- Complex physical illness
- b- Extremely hyperactive
- c- Assaultive behavior
- d- Severe crisis**

20- Which of the following treatments is probably the most effective treatment for major depressive disorder?

- a- A tri-cyclic antidepressant
- b- A selective serotonin reuptake inhibitors (SSRI)
- c- Cognitive therapy
- d- Combined treatment with medication and psychotherapy.**

Part 2: True and false

(10 Marks)

Read each statement carefully and circle (T) if the statement is true and (F) if statement false.

Items	T	F
1-Schizophrenic patient who began taking Haldol 1 week ago is exhibiting jerking movements of the neck and mouth. The nurse interprets these findings as Dystonia.	*	
2- Any person suffer from stress shows hesitation, vacillation or fatigue.	*	
3- Asmaa husband dies, and she continues to set a place for him at the dinner table. This is an example of denial.	*	
4- Conflict is the coexistence of opposing desires, feeling and goals.	*	
5- Cluster A personality disorders are common in biological relatives of patient with schizophrenia.	*	

6- In- patient services the nurse take an active part in the daily living of her patients in the clinical area.	*	
7- The nurse interprets patient's fear of being in situation or places that may be difficult or embarrassing to leave as evidence of social phobia.		*
8- The prevalence rate of bipolar I disorder is similar in men and women.	*	
9- The specific task of the working phase of a therapeutic relationship is encouraging expression of feelings.	*	
10- Communication is an important integral aspect of human relations.	*	

Part 3: Fill in the blanks (1)

Write suitable classification of drugs in column B (5 Marks)

Column (A)	Column (B)
Eskalith	Lithium carbonate
Zoloft	Antidepressant SSRIS
Anafranil	Antidepressant "tricyclic "
Clozaril	Atypical antipsychotic
Klonopin	Anti-anxiety benzodiazepine

Part (3): Fill in the blanks (2) (21 Marks)

1-Advantages of patient government strategies in Milieu therapy:-

- 1-Make life in the hospital resembles that in the community.
- 2-Away to control deviant behavior with group pressure.
- 3-Group support for every disturbed patient.
- 4-Increased recreational activities.
- 5-An opportunity for patients to understand administrative policy and help to formulate it.
- 6-Increase patient`s self-esteem.
- 7-provide a mean to express negative feelings.
- 8-provide free communication.

2- General criteria for mental disorder:-

- Unsatisfying relationships.
- Ineffective adaptation to the events in one's life and lack of personal growth.
- The person's behavior mustn't be culturally expected, nor does **deviant منحرف behavior**
- Dissatisfaction with one's characteristics, abilities, and accomplishment

3- Indications of lack of objectivity in nurse's observation when:

- 1- Nurse is critical of patient.
 - 2- Defending or justifying herself.
 - 3- Demanding that patient should treat her in a certain way.
 - 4- Evaluating patients' behavior as RIGHT or WRONG.
- Nurse needs to be honest with herself? This honesty can be painful, but essential. She also has to accept herself.

4- Avoid saying to the patient when we are reassuring:-

- 1- You will get well.
- 2- Your fears have no base.
- 3- You are a nice person.
- 4- All will end well.
- 5- Nothing to worry.

5- Tasks of the termination phase are:-

- Expressing feeling about the loss of relationship.
- Establishing more relaxed, less intense interaction.
- Focusing on the future.
- Decrease length contacts with the client to allow for independence.
- Providing necessary referrals and links with common resources.

6- Measures to improve communication:

- 1- Maintain active listening E.g. maintain eye contact, give full attention.
- 1- Clarify ideas before attempting to communication e.g. is sure of what you with to communicate.
- 2- Examine, the purpose of communication e.g. be quiet clear about the purpose what you want.
- 3- Provide right ,climate and environment e.g. calm comfort safe not crowded or noisy good light.
- 4- Use clear language: e.g. use simple clear understood by receiver
- 5- Use adequate medium. E.g. select oral, visual of written medium that considers most affective
- 6- Provide climate of trust and confidence.
- 7- Watch carefully the tone of voice.

7- Sullivan biological principles are:-

- 1- Principle communal existence
- 2- Principle of functional activity
- 3- Principle *of organization*

8- Biochemical causes of schizophrenia:-

- due to altered brain structure and/or brain chemical imbalance
- it caused by an excess dopamine dependent neuronal activity in the brain
- due to Abnormalities in the neurotransmitters as nor epinephrine, serotonin, Acetylcholine and gama aminobutryic acid and the neuroregulators as prostaglandin and endorphins.

9- Objectives of Community Mental Health services:-

1. Promote mental health in the community.
2. Prevention of mental illness.
3. Care, treatment, and rehabilitation of mentally ill patient.
4. Maintain if possible the mentally – ill within the community

itself.

5. Avoid unnecessary admission and restraint in special hospitals.
6. Provide social therapy.

10-Identify the type of speech pattern exhibited for each of the following client statements.

- A-...Neologism...."Do you have any phletz here? I like phletz ".
B- .Verbigeration..... . "It`s time to eat, to eat, to eat."
C-...Word salad....."Mountains, tigers, pie, singing, spring."
D-...Clang association "Is that clock or a sock, can the door lock, tick tock"

11- Identify the level of anxiety represented by the following descriptions:

- A -Severe... sever muscle tension, limited perceptual field not think about anything else
B- Mild attentive, alert, optimal learning level
C-Panic...flight, fight, disorganization of personality, out of control, irrational
D- Moderate selective inattention, voice changes, decreased perceptual field

PART 4: Define the following :(9 MARKS)

1- Stress tolerance:-

Stress refers to a broad group of experiences in which a demanding situation exceeds or taxes a person's resources or capabilities, causing negative effect.

In this view, stress is a person-environment interaction. The source of stress, the demanding situation, is known as a stressor. The internal state the stress produce is one of tension, anxiety, or strain.

2- Resilience:-

The ability of the individual to tolerate tension and frustration.

Psychoanalysts view this concept as balance between the Id, Ego and Superego.

3- Community mental health nursing:-

- It represents all mental health activities carried out in a community.

- It is the sum of preventive and curative measures aimed at fitting the individual for satisfactory and useful life within his own social.

4- Anxiety disorder:-

Group of condition in which the affected person experiences persistent anxiety that the patient can not dismiss and interferes with his or her daily activities

5- Personality development:-

Each person's development is a unique process emerges out continuous interaction with the environment.

6- Milieu therapy:-

It is a residential hospital treatment, where patients are put in a carefully designed society in order to teach them new pattern of interpersonal relationships, and unlearn unhealthy behaviors. It implies that staff and patients work together to achieve clear goals.

Part (5) Situation (1) (5 MARKS)

A 28-year-old law student is admitted to the hospital for gallbladder problems. He is stubborn and rigid and expects staff to adhere to his exact ways of doing things. He refuses to stop working school papers. He reports that his girlfriend has threatened to leave him unless he changes his inflexible ways and throws out some of a large collection of useless junk.

Which personality disorder diagnosis appears most appropriate?

Obsessive compulsive disorder

List characteristic of this personality:-

- 1- Preoccupation with lists, order, organization or schedule to the extent that major point of the activity lost.
- 2- perfectionism which interferes with completion of task
- 3- Reluctance to delegate tasks or work with other unless they submit his or her way of doing things
- 4- Rigidity and stubbornness

- 5- Inhibition in new inter personal situation because of feelings inadequacy.
- 6- View of self as, so socially inetp, personally unappealing or inferior to others.

Part (6) Situation (2)

(10 MARKS)

Mary Jones, 34 years old, unable to work for 7 months because of back pain. Mary has seen several doctors, has had an MRI, and has tried various anti-inflammatory medications. She tells the nurse that she is at the clinic as a last resort because none of her doctors will "do anything" for her. Mary`s gait is slow, her posture is stiff, and she grimaces frequently while trying to sit in a chair. She reports being unable to drive a car, play with her children, do housework, or enjoy any of her previous leisure activities.

What is the diagnosis of this patient?

Somatoform disorder

Identify two nursing diagnoses of this patient?

Ineffective individuals coping

Anxiety

Self-esteem disturbance (low self esteem

Body image disturbance

Chronic pain:

Discuss nursing intervention for one nursing diagnosis to this patient?

1. Ineffective individuals coping

related to -:

- Un resolved psychological issues
- repressed anxiety .
- Unmet dependency need
- Ineffective use coping strategies .
- Low self- esteem

Evidenced by-:

- verbalizing of medical complains in the absence of any patho-physiological evidence .
- Persistent focus on physical complains.
- Excessive use of medical services (history of doctor shopping)

-Denies correlation between symptom s& conflict or stressor .

Goals: -

Short term:

- The client will identify alternative ways to deal with stress & anxiety.
- The client will identify relationship between stress & physical symptoms.

The client will express feeling verbally.

Long term:

- The client will spend less time focusing on physical symptoms .
- The client will make fewer visit to health care providers

Nursing intervention -:

- Establish therapeutic relationships
- Provide calm, reassurance and accepting atmosphere .
- Show empathy for the client distress but focus on feeling rather than physical symptoms.
- Recognize and accept that physical complaint is real to the patient even no organic etiology can be identified Rational denying of the patient feeling is non therapeutic and may interfere with the establishment of therapeutic relationship
- Each time client voices new complaint the client should be referred to medical staff for assessment Rational it is unsafe to assume that all physical complain are somatoform disorders.
- Initially , fulfill patient most urgent dependency need Rational failure to do this may cause patient to become extremely anxious and increase in maladaptive behavior
- Gradually, minimizing the amount of time and attention given to complaint, they should decrease in frequency over time
- Allowing the client a specific time limit like 5 minute per hr to discuss physical complaint with one & remaining staff will discuss other topics with client Rational because physical complaints have been the client's primary coping strategy.

- Don't argue the client about somatic complaints rational arguing give the client's complain attention.
- Encourage the client to ventilate feeling by talking or crying
- Listen actively to the client's verbalization of fears & anxieties.
- Refocus client to express feelings rather than physical complaints .
- Talk with the client regarding a correlation between emotion, stress, and physical symptoms rational client's chance for health is enhanced if client recognize relationship between stress & physical symptoms.
- Talk with the client & significant other about secondary gain and identify needs the client is attempting to meet through it as (escape from responsibilities)
- Help the client to meet this need in more direct way.
- Help the client to use no chemical methods of pain relief such as relaxation techniques and work with the medical staff to limit number, frequency of medication available to the client .
- Reduce benefit of illness as much as possible by don't allow the client to staying in bed by voicing somatic discomfort.
- Give positive feedback for expressing feelings about conflict & trying conflict resolution strategies.
- Teach client problem solving process
- Encourage client to express feeling directly especially feelings with which client uncomfortable as {anger – resentment} .
- Teach client more healthful daily living habits including diet stress management techniques, daily exercise .

2. Anxiety

Related to

- Perceived threat.
- Excessive concern over physical symptoms or physical illness .

Evidenced by -:

- Self preoccupation with physical functioning
- Sleep disturbance.

- Ineffective coping mechanism

Goals: -

Short term:

- The client will report increased feeling of relaxation & decreased anxiety .

Long term:

- The client will identify alternative ways to deal with stress & anxiety .
- The client will Seek medical care only when indicated .

Nursing intervention :-

- Remain calm in your approach to the client
- Use short, simple & clear statement
- Avoid asking or forcing client to make choice
- Be aware of your feelings & level of discomfort
- Encourage the client to participate in relaxation exercise as mediation, breathing exercise, progressive muscle relaxation .
- Teach client to use relaxation technique independently.

3. Self esteem disturbance (low self esteem)

Related to

- Inability to participate in daily functional activities
- feeling useless
- Not feeling valued by others .

Evidenced by -:

- Client talks about lack of control over his or her life situation .
- feeling useless .

Goals: -

Short term:

- The client will be able to control over his or her life situation.

Long term:

- The client will be able to value self (verbalize positive element of self)

Nursing intervention -:

- Encourage client to complete small activities to enhance independence & self-esteem.

- Keep activity small & manageable to avoid pressuring clients to divest themselves of the sick role too soon
- Activities such as setting the table for meal without help from care giver are example of tasks client can perform.
- Taking small steps to allow clients to express success & minimize anxiety and becoming more independent.
- Nurse identifies character & strengths with the clients & focusing on positive event involving success or independence & give positive reinforcement.

4. Chronic pain:

Related to

- sever level of anxiety, repressed
- low self esteem
- Unmet dependency need

Evidenced by

- Verbal complaints of the pain in the absence of pathological evidence
- social withdrawal
- Facial mask of pain
- excessive use of analgesic

Expected outcome:

- Patient will verbalize understanding of correlation between pain and psychological problem within 2 week.

Intervention:

- Recognize and accept pain as real to the individual even no organic etiology can be identified
- Observe and record duration and intensity of pain, note the factor that precipitates the onset of the pain
- Provide pain medication as prescribed by the physician
- Offer your attention at times when patient is not focusing on the pain
- Encourage verbalization of feeling and help patient to connect symptoms of pain to time of increased anxiety and identify the situation that cause anxiety.

- Encourage patient to identify alternative methods of coping with stress.
- Give positive reinforcement for adaptive behavior

5. Body image disturbance

Related to

- Sever anxiety and repressed
- Unmet dependency need
- Low self –esteem

Evidenced by:

- Preoccupation regarding imagined or real change in body structure or function
- fear of rejection by the others
- negative feeling about the body
- change in social involvement

Expected outcome

- Patient will verbalize understanding that change in body structure are exaggerated out of the proportion to the change that actually exist

Intervention:

- Establish trusting relationship with the patient
- If there is actual change in the structure or function of the body encourage the patient to progress through stage of grieving
- Assist patient to recognize personal body boundaries (use of touch may help him to recognize acceptance of the individual by the other and reduce fear of rejection because change in the body
- Encourage independent self-care activities and provide help as required